



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

MEDICATION ORDER STANDARDS

Effective Date: November 25, 2014

Policy #: MS - 03

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I. PURPOSE: To establish standards for Licensed Independent Practitioners (LIPs) to write medication orders on Physician's Order Forms to ensure compliance with standards and reduce errors.

II. POLICY:

- A. Each written order for medication must clearly state;
 - 1. The name of the medication ordered.
 - 2. The dose.
 - 3. The time the medication is to be administered.
 - 4. The route for administration.
 - 5. The reason/indication the medication is prescribed.
 - 6. The specific time the first dose is to be administered.
 - 7. When a medication order is written outside of the times when the pharmacy is available to dispense the medication the nurse will:
 - obtain the medication from the night locker
 - when the medication is not available in the night locker the nurse will
 - Contact the LIP to receive direction regarding the prescribed medication
 - The LIP may choose to change and/or clarify the order or request that the on-call pharmacist be contacted to dispense the medication.
- B. Each order must be dated, timed and signed.
- C. Handwritten orders must be legible.
- D. In accordance with MSH policy #HI – 1, Abbreviations, only approved hospital abbreviations may be used.
- E. Errors will be corrected in accordance with Montana State Hospital (MSH) policy #HI-03, Charting Rules to Observe.

III. DEFINITIONS: None

IV. RESPONSIBILITIES:

- A. LIP – To provide or write orders that meet the required standards.

- B. Licensed nursing staff and pharmacy staff – To seek clarification from a LIP when an order is found that does not meet the required standards.

V. PROCEDURE:

- A. LIPs will write and/or provide phone and verbal orders for medications that include all elements listed in the policy section above.
- B. Orders without all elements will be considered incomplete and will not be filled until clarification is received and the order rewritten with the required information.
- C. All orders will be flagged and promptly given to the appropriate licensed nurse for transcription and Pharmacy notification.
- D. When orders are incomplete or unclear a nurse or a pharmacist will contact the LIP who gave the order. If they do not respond or cannot be contacted in a timely manner, clarification should be sought as follows:
1. The medical director (during working hours)
 2. The on-call LIP
- E. When the nurse or pharmacist receives clarification on an incomplete or unclear order, the order must be discontinued and a new order must be re-written.
- F. Medications are administered according to the following schedule, unless specified differently in the order:

Daily (q day) 0830	q 4h 0400,0800,1200,1600,2000,2400
BID 0830 & 2000	q 6h 0600, 1200, 1800, 2400
TID 0830, 1400, 2000	HS 2200
QID 0830, 1200, 1600, 2000	PC ½ hour after meals
AC ½ hour before meals	

Long acting antipsychotics may be administered at any time during the date (24 hour period) specified on MAR.

- G. When medication is not able to be administered within 1 hour of prescribed time the nurse will contact the LIP to seek clarification/alternative order for administration of medication.

VI. REFERENCES: MSH policies #HI – 01, Abbreviations and #HI-03, Charting Rules to Observe.

VII. COLLABORATED WITH: Medical Director; Medical Staff; Director of Nursing; Pharmacy Director; Hospital Administrator.

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- VIII. RESCISSIONS:** #MS-03, Medication Order Standards dated March 2, 2010; # MS-03, *Medication Order Standards* dated November 24, 2009.
- IX. DISTRIBUTION:** All hospital policy manuals
- X. REVIEW AND REISSUE DATE:** November 2017
- XI. FOLLOW-UP RESPONSIBILITY:** Director of Nursing
- XII. ATTACHMENTS:** None

_____/____/____
John W. Glueckert Date
Hospital Administrator

_____/____/____
Thomas Gray, MD Date
Medical Director